

HOLLYHURST FARM, LLC

Bridging the Gap

499 Zion Road Carlisle, PA 17015

Haul-In Form

Copy of Current Negative Coggins Required

You must contact us to Secure your Arena Time or Lesson Time

Stall Required: _____ Yes No _____ \$45 p/day _____ One Bale bedding, we p/u stall at departure
\$20 p/day _____ You supply bedding, you strip stall at departure

Print Name _____

Date _____

~ Prior to filling out this Form ~

Contact Kathi Rickert at 717-601-0802 or Kathir@Hollyhurstfarm.com to Schedule your Arena Time or Private Lesson Time

My Event Date is: _____ My Arena Time Slot is: _____ My Private Lesson Time is: _____

Please initial below after reading.

_____ I understand that I will park behind the Indoor Arena and will enter the Arena from the front. If there are others in the arena I will be respectful to them and their horses.

WAIVER, RELEASE, AND INDEMNITY AGREEMENT

IMPORTANT NOTICE

BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR PARTICIPATION IN EQUINE ACTIVITIES AT HOLLYHURST FARM, LLC. READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT.

YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.

This waiver, release, and indemnity agreement ("Agreement") is intended to be given for the benefit of Elizabeth A. Morret "dba" Hollyhurst Farm, Hollyhurst, LLC, Hollyhurst Farm, LLC and their officers, directors, owners, managers, employees, agents, and successors in interest, all of whom are hereinafter jointly and severally referred to as "Hollyhurst."

I agree to hold Hollyhurst harmless and not liable and hereby release Hollyhurst from any and all liability whatsoever, and AGREE NOT TO SUE Hollyhurst, on account of or in connection with any claims, causes of action, injuries, damages, costs, or expenses arising out of the use of facilities and/or presence upon Hollyhurst property, including without limitation, those based on death, bodily injury, property damage, including consequential damages.

ALL CHECKS TO BE MADE PAYABLE TO: HOLLYHURST FARM, LLC

Signature: _____
Your Name

Check: \$ _____ _____ _____ \$ _____
Check Amount Check No. Check Date Cash Enclosed

Address: _____
Street

City State Zip Code

When you arrive, and as you enter the Indoor Arena place your CHECK or CASH, along with copy of your Negative Coggins in an envelope, and put the envelope in the Mailbox located beside the Light Switches on the Left as you Enter the front doors of the Indoor Arena.

Your Phone Number: _____

Your Email: _____

Please Clean up before you leave. Muck Tub and Trash Receptacles are Provided.

*******Thank You *******